

05/09/2014 10:27 1718-266-7478

MV-984 (12/11)

BROOKLYN SOUTH 5/9/14-Reviewed-105 PAGE 02/04

New York State Department of Motor Vehicles  
DIVISION OF LABOR RELATIONS

**REPORT OF WORKPLACE VIOLENCE INCIDENT**

Please fill out the form as accurately as possible and fax it to the Division of Field Investigation at (518) 474-7543 **AND** Labor Relations at (518) 474-8423. If the incident is a written threat, please include a copy of the letter with this report. Originals should be maintained in a workplace violence report folder at the primary office that the reporter works in.

**OFFICE USE ONLY**

FILE NUMBER: *5/9/14-Reviewed-105*

Received: *5/9/14*

X RE: *Please follow up with Compt*

X RE: *Thanks*

PRIVACY CONCERN:  YES  NO

*WVOS0514R*

## NAME OF INDIVIDUAL FILING REPORT

Name <i>Geri Liparo</i>	Title <i>SMVRT</i>	Office Location <i>2875 N 8 St Brooklyn, NY</i>	Phone Number <i>718-266-5512</i>
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## INCIDENT REPORTED TO

Date Reported <i>5-5-14</i>	Person Reported To <i>Geri Liparo</i>	Title <i>SMVRT</i>
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## INCIDENT

Date <i>5-5-14</i>	Time <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Location of Occurrence <i>in front of service counter</i>
DFI Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DFI Contact Name	

## EMPLOYEES INVOLVED

Name <i>David Smart</i>	Title <i>Security Guard</i>
Name	Title
Name	Title

## OUTSIDE INDIVIDUALS INVOLVED

Name <i>MARIO CAPPAGNOLO</i>	Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Phone	Client ID #
Address	City	State	Zip Code
Name	Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Phone	Client ID #
Address	City	State	Zip Code
Name	Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Phone	Client ID #
Address	City	State	Zip Code

## WITNESSES

Name	Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Phone	
Address	City	State	Zip Code
Name	Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Phone	
Address	City	State	Zip Code
Name	Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Phone	
Address	City	State	Zip Code

Continue on other side

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EXHIBIT

Exhibit 20

Description of Events Leading to the Incident and What Occured:

WJ0505TYB

Mario Cappagrosso accused David Smart of looking at him & there were heated words exchanged.

P.O. Nielsen intervened.

Nature and Extent of Injuries:

No injuries.

Additional Comments:

Mr Cappagrosso has written a letter to Judge Gelbstein.  
see Attached.

Geri Piparo

Name of Individual Filing Report

DCohen

Name of Supervisor

Geri Piparo

Signature of Individual Filing Report

DCohen

Signature of Supervisor

5-9-14

Date

5-9-14

Date